

SESP Name Goes Here

MONTHLY PROGRESS REPORT - CES/SE JOB COACHING

Client Name: _____

Provider: _____

Coach/Consultant: _____

DVR Counselor/Office: _____

Date of Report: _____

Service: ☐ Individual Job Coaching
☐ Supports Case Management (Section A not applicable)
☐ Individual SE for the MI (Section A not applicable)
☐ Community Employment Services

Employer: _____ Supervisor Name: _____

Job Title: _____

Date Hired: _____ Reporting Period: _____

SECTION A:

First Line Number Hours Client **Worked** Each Day Of The Month

Second Line . . . Number Hours Job **Coaching** Provided Each Day Of The Month

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TOTAL
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

Formula for percentage: Number of hours individual job coaching provided . . .
divided by . . . number hours client worked = _____ %

SECTION B:

Remaining units on existing authorization: _____ Hours _____ Weeks

Estimated date for completion of training: _____

Does this date require an extension? ☐ Yes ☐ No

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Client Name:

EMPLOYMENT PLAN REVIEW - May include but not limited to:

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- Outside Influences • Cultural Impact • Employment Support Needs • Job Specific Accommodations •
 - Health/Safety Concerns • Legal Concerns • Financial • Transportation
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SUMMARIZE MONTHLY PROGRESS, SUBSTANTIAL SERVICES PROVIDED
AND IDENTIFICATION OF ADDITIONAL SUPPORT NEEDS IN APPLICABLE CATEGORIES:

Consumer Input:

Employer Input:

Coach/Consultant Signature

Date

Client Signature (Optional)

Date